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IN EMERGENCY MEDICAL TREATMENT

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A.J. Frelin, LTC, ANC
Health Care Studies Division
Academy of Health Sciences, US Army
Fort Sam Houston, TX, 78234

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| <p>Trauma is the third leading cause of death in the United States and the leading cause of death and disability in the under-38-year-old age group. These statistics indicate vital loss of productivity in a population particularly significant to the primary AMEDD mission. The use of nurses in an expanded primary care role in this area has been pioneered in some of the civilian sectors. With limited resources in the ANC, is this role necessary to delivery of comprehensive emergency care in the AMEDD? The study objectives for this project are 1) to define the role and scope of</p> | | |

20. - practice of the Emergency Nurse Practitioner, 2) to identify the skills required by the BSN prepared nurse to assume the role of Emergency Nurse Practitioner (ENP), 3) to measure physicians' acceptance of the role of ENP, and 4) to assess the potential for utilization of ENPs in Army treatment facilities in fixed and/or field care settings. The investigation analyzed the results and recommends that since events seem to have overtaken time the study should not be carried out.

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Utilization of Nurse Practitioners in Emergency Medical Treatment

1. INTRODUCTION.

a. Problem. To determine the role definition of, the skills required for, and the potential requirements for the Emergency Nurse Practitioner in Army Emergency Departments in fixed or field facilities.

b. Purpose. The investigation will consider all facets of practice of these care providers and its application in the Army Medical Department. A report will be generated which will demonstrate the potential role utilization of the Emergency Nurse Practitioner in the Army Medical Department.

c. Background.

(1) Trauma is the third leading cause of death in the United States and the leading cause of death and disability in the under-38-years-of-age group. These statistics indicated vital loss of productivity in a population particularly significant to the primary AMEDD mission, both in fixed facilities and during mobilization. The use of nurses in formalized expanded role and as a primary care provider has been pioneered in some areas of the civilian sector. However, with a limited number of nurses to the ANC missions accomplishment, is this role necessary to the delivery of comprehensive emergency care in the AMEDD?

(2) Literature surveys were performed on the key words Emergency Nurse Practitioner, Emergency Nurse, Nurse Practitioner, and Clinician. The searches were by MEDLARS II (search #31145737), Defense Documentation Center (search # 099482), and Defense Logistics Studies Information Exchange (search #998-81).

(3) The role of Emergency Nurse Practitioners (ENPs) has been described in various ways by various authors (Boyd, 1973; Brenham, 1977; Finke, 1975; Geolog, 1977, 1978; Hardy, 1978; Roglieri, 1975; Watckerle, 1977). There are presently eight Emergency Department Nurses' Association (EDNA) endorsed postgraduate practitioner programs preparing nurses for this role.

2. OBJECTIVES.

The study objectives are:

(1) To define the role and scope of practice of the Emergency Nurse Practitioner.

(2) To identify the skills required by the Bachelor of Science Degree prepared nurse to assume the role of Emergency Nurse Practitioner.

(3) To measure physicians' acceptance of the role of the Emergency Nurse Practitioner.

(4) To assess the potential for utilization of Emergency Nurse Practitioners in Army treatment facilities in fixed and/or field care settings.

3. METHODOLOGY.

a. Data collection.

(1) Initially, data was collected from each Emergency Department Nurses' Association approved Emergency Nurse Practitioner program which responded to a request for information concerning their preparation. Additional information concerning specific skills was collected from the literature review.

(2) A survey questionnaire would be used to collect all required information. a) A random sample of physician-members of the American College of Emergency Physicians, b) military physicians designated Emergency Department Directors/Chiefs in CONUS hospitals, c) Emergency Nurse Practitioners identified by preparing programs, and d) registered nurses now practicing in CONUS Army hospitals.

(3) In each case the instrument consists of two parts: the first part seeks demographic data from each group, the second part consists of a skills/functions list for Emergency Nurse Practitioners. Each physician will be asked to indicate his willingness to delegate the skills/functions to a Nurse Practitioner, each Emergency Nurse Practitioner will indicate those skills/functions for which she/he was prepared and those she/he actually carries out in the work place, while each emergency nurse will indicate those skills she/he now holds.

(4) The skills list itself is based on the data received from each Emergency Department Nurses' Association approved program which prepares Emergency Nurse Practitioners. Content validity was addressed by having the list evaluated by three experts in the field, one who directs an Emergency Nurse Practitioner program, one who supervises in the practice setting, and one military Emergency Department Clinical Specialist. The tools have been tested in the Emergency Department at Brooke Army Medical Center, Fort Sam Houston, Texas, and final revisions made.

b. Data analysis. The skills/functions data would be analyzed by use of descriptive statistics which would describe the frequency of responses for each group. Additional analyses may be required depending on the specific data collected and will be performed as appropriate. Data handling procedures will be accomplished by DSO/HCSO personnel prior to transfer of data to punched cards by the Production Division, Health Care Systems Support Activity (HCSSA), HSC, located in Building 2000, Fort Sam Houston, Texas. Programming support and statistical consultation will be obtained from HCSO personnel. The preprogrammed Statistical Package for the Social Sciences (SPSS) will be used for data analysis.

4. DISCUSSION.

The study protocol as described in this report was submitted for review to nurse researchers familiar to and with the ANC and to emergency care proponents. Generally, the emergency physician consultant felt the study did not merit investigation, while the Surgical Consultant suggests a broader role definition to increase flexibility.

However, particularly among ANC reviewers, rather than the issue of Emergency Nurse Practitioners, who are by definition primary practitioners, the primary concern appeared to be what, if any, specialized training is required for a 66J or 66H to function effectively in today's Emergency Department. In fact, the proposal fact sheet in background information says, "There is increasing evidence that nurses who work in the Emergency Room of MTFs need special preparation to provide care for trauma patients in the ER."

The issue of special preparation for ED practice has been increasingly prevalent over the last five years. The latest standards for accreditation by the JCAH states...A designated registered nurse who is qualified by relevant training, experience and current competence in emergency care shall supervise the care provided by all nursing service personnel... All personnel shall be prepared for their emergency care responsibilities through appropriate training and educational programs...

It is an HSC Ambulatory Care goal that all military Emergency Departments meet the standards for Level I or II emergency service. Within this standard a physician must be available in the ER 24 hours per day.

5. Recommendations.

After review of the literature and analysis of reviewers' comments, it would appear that this study is no longer of sufficient value to warrant the expenditure of resources it would require.

It would appear that adding this specialized care provider would not impact positively enough on the comprehensive emergency care services in the AMEDD to warrant drawing on our limited number of ANCs to provide them, especially in the TOE hospital which has only four TDA slots for nurses. Recommend the study not be carried out.

~~Further, the complex environment of the modern Emergency Department,~~ as well as current standards, dictate a need for specialty training in ED nursing. Recommend the ANC offer a short course to prepare nurses for this specialized duty using the standard for content established by the Emergency Department Nurses' Association in their published Core Curriculum.

If the ENP concept is still considered a researchable question, recommend the study address only objectives 1 and 2 by querying practicing Emergency Nurse Practitioners--a study which at this point would require minimal resource expenditure.

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